

**City of Blue Lake Parks & Recreation
2012 Summer Recreation: Camp Perigot**

REGISTRATION FORM

NAME OF CHILD: _____ AGE: _____
 PARENT/GUARDIAN: _____ EMAIL: _____
 MAILING ADDRESS: _____ CITY: _____ ZIP: _____
 PRIMARY PHONE: _____ OTHER PHONE: _____

LIABILITY WAIVER

I hereby give my permission to allow my child named above to participate in the activities offered by Camp Perigot. I understand that this waiver of liability protects the City of Blue Lake, its Parks & Recreation Department, and all employees from any and all injuries, physical and mental, that occur and/or are alleged to occur to my child named above during activities my child undertakes on his/her own or participates in while attending Camp Perigot, including those offered during extended care hours. I understand that the City be held free and harmless from any and all liability claims, demands, damages, costs, and expenses resulting from participation in the activities at Camp Perigot, including those offered during extended care hours.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PROGRAM INFORMATION

General Information: Camp Perigot is a fun and exciting youth recreation program taking place at Prasch Hall. Activities focus on arts and crafts, fun games, sports, dancing, skating and more! All campers receive a free breakfast and lunch sponsored by the Blue Lake Rancheria!

Program Days/Hours: Camp Perigot is offered Monday-Friday, June 18th – August 24th, 9:00 am- 4:00 pm. Extended care is available from 8:00 am- 9:00 am and 4:00 pm- 5:30 pm daily.

Program Fees: Camp Perigot offers different registration options to accommodate today's busy family schedules. Half day options allow attendance from either 9:00 am- 12:00 pm or 1:00 pm- 4:00 pm. Scholarships are available!

<u>Registration Option</u>	<u>Non-Resident Fee</u>	<u>Discounted Resident Fee</u>
Weekly Full Day	\$103.00	\$86.00
Weekly Half Day	\$63.00	\$45.00
Daily Full Day	\$26.00	\$22.00
Daily Half Day	\$15.00	\$12.00
Extended Care AM & PM Weekly	\$28.00	\$23.00
Extended Care AM & PM Daily	\$6.00	\$5.00

PROGRAM REGISTRATION (Please check the appropriate boxes)

June 18-22	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day	MTWTHF	Extended Care: <input type="checkbox"/>
June 25-29	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day	MTWTHF	Extended Care: <input type="checkbox"/>
July 2-6 *no camp July 4th	<input type="checkbox"/> Half Day \$36	<input type="checkbox"/> Full Day \$68.80	MTWTHF	Extended Care: <input type="checkbox"/>
July 9-13	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day	MTWTHF	Extended Care: <input type="checkbox"/>
July 16-20	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day	MTWTHF	Extended Care: <input type="checkbox"/>
July 23-27	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day	MTWTHF	Extended Care: <input type="checkbox"/>
July 30-Aug 3	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day	MTWTHF	Extended Care: <input type="checkbox"/>
Aug 6-10	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day	MTWTHF	Extended Care: <input type="checkbox"/>
Aug 13-17	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day	MTWTHF	Extended Care: <input type="checkbox"/>
Aug 20-24	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day	MTWTHF	Extended Care: <input type="checkbox"/>

Please list all persons allowed to pick up your child below, including yourself:

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Note: We will not release your child to anyone other than those persons listed above without your advance permission. Please let us know, in advance, if your list of authorized persons needs to include others and/or disallow someone named above from picking up your child.

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For Office Use Only

Registration Fees: Paid \$ _____ Date Paid: _____ Check Number(s) _____ (If cash, write "cash")